Short report: Where does good quality qualitative health care research get published?

Jane C Richardson, Senior Lecturer in Health Services Research, Research Institute for Primary Care and Health Sciences, Keele University. BA (Hons), MSc, PhD.

Jennifer Liddle, Research Associate, Research Institute for Primary Care and Health Sciences, Keele University. BSc (Hons), MA, PhD. (From February 2017: Research Associate, Institute of Health and Society, Newcastle University)

Corresponding author: Jane C Richardson, Research Institute for Primary Care and Health Sciences, Keele University, Keele, Staffs, ST5 5BG. Email: j.c.richardson@keele.ac.uk; Tel. 01782 733926

Short report: Where does good quality qualitative health care research get published?

Summary

This short report aims to give some insight into current publication patterns for high quality qualitative health research, using the Research Excellence Framework (REF) 2014 database. We explored patterns of publication by range and type of journal, by date and by methodological focus. We also looked at variations between the publications submitted to different Units of Assessment (UoAs), focusing particularly on the one most closely aligned with our own research area of Primary Care. Our brief analysis demonstrates that general medical/health journals with high impact factors are the dominant routes of publication, but there is variation according to the methodological approach adopted by articles. The number of qualitative health articles submitted to REF 2014 overall was small, and even more so for articles based on mixed methods research, qualitative methodology, or reviews/syntheses that included qualitative articles.

Keywords: qualitative research; Research Excellence Framework (REF); publishing

Short report: Where does good quality qualitative health care research get published?

Introduction

The title of this report is a question we are often asked, and ask ourselves, as social scientists using predominantly qualitative methods in an applied primary care research setting.[1] The value of qualitative research in policymaking, service development and practice in medicine, in the study of health service organisation and delivery, and in enhancing understanding of health, illness and ageing is increasingly recognised (Casebeer and Verhoef, 1997; Godfrey, 2015; PLoS Medicine Editors, 2007). However, our experience and that of colleagues suggest that it is still difficult to get this type of research reviewed by and published in journals where it will be read by health care practitioners.

A previous study (Gagliardi and Dobrow, 2011) found that (between 1999-2008) very few qualitative studies were published in high impact health, medical and policy journals, compared to non-qualitative studies. The authors suggested possible reasons for this that required further exploration, including editorial policy and practice, quality of submissions, and reviewers' understanding of how to assess qualitative research.

A 2015/16 'Twitterstorm' over the British Medical Journal's (BMJ) policy around qualitative research epitomised this struggle and led to over eighty academics submitting a letter to the BMJ inviting it to reconsider its policy (Greenhalgh et al, 2016). It is not within the scope of this article to report the full content of the Twitter debate (see https://storify.com/shereebekker/bmjnoqual and https://twitter.com/hashtag/BMJnoqual?src=hash), but useful to include this extract from the BMJ editors' response to Greenhalgh et al's letter:

*"*Arguably, though, the ideal place for publication of many qualitative papers will be journals that are targeted at the specialist audience for whom the findings are especially pertinent. Important qualitative research of a highly specialist nature may actually be overlooked if published in a general medical journal*."* (Loder et al, 2016)

The numerous contributions to the online discussions about the BMJ's publication policy indicate that these topics are increasingly being debated in academic communities. Nonetheless, while it is recognised that few qualitative studies are published in high impact health journals, much less is known about where health researchers do publish qualitative research. The BMJ is not alone in its policy – as Greenhalgh et al (2016) point out, many leading US medical journals (such as the Journal of the American Medical association and the New England Journal of Medicine) also consider qualitative research a low priority.

[1] We recognise that social scientists use other methods and that qualitative methods are not the exclusive domain of social science.

We therefore aimed to explore the question ‘Where does good quality health research using and exploring qualitative methods get published?’, focusing particularly on our own area of primary care.

Methods

Creating a database

We used a publically available database created as part of the Research Excellence Framework (REF) 2014, a UK based process of expert review, carried out in 36 subject-based Units of Assessment (UoAs). The results demonstrate the high quality and enhanced international standing of research conducted in UK universities. A submission comprises outputs, impact and environment: for our research we used outputs, defined as “the product of any form of research, published between January 2008 and December 2013”. Up to four outputs can be submitted for each member of staff that an institution enters into the process. This means that the outputs are considered by individuals and their institutions to be of good quality.

We used the Excel database on the REF website, searching the four Units of Assessment that would include health research: clinical medicine (UoA1), primary care (UoA2), allied health care professionals (UoA3), and social policy (UoA22). We searched outputs using the following terms:

- ‘qualitative’ in article title or ‘qualitative’ in journal title
- any of the following terms in the article title: interview*, ethno*, experience*, focus group*, mixed method*, narrative*, photo*, video*

These initial searches resulted in 1039 outputs (UoA1: 33/13400; UoA2: 152/4881; UoA3: 542/10358; UoA22: 312/4784) that were *possibly* qualitative research. While there were duplicates included in this figure, and not all of the outputs returned by the search were actually qualitative studies, these figures indicate that qualitative research represented around 3%, at most, of the total (33,423) REF submissions in the four UoAs.

Analysing the database

Using the database of 1039 articles, the two authors (XX, XX) assessed each output to determine whether it could be defined as qualitative AND had a main focus on health. If these characteristics were not clear from the title, each author looked at the abstract independently to make a decision. If there was no agreement, the full text was accessed in order to make a decision. On this basis we excluded articles that focussed on gambling, fostering, education, migration, social work practice, cell biology, sexuality (where not linked to health), smoke alarms, domestic violence, and reasons for alcohol and drug use, but made the decision to include articles focussing on public health.

Following exclusions on this basis, 567 articles remained (UoA1: 12/33; UoA2: 122/152; UoA3: 352/542; UoA 22: 81/312). Twenty four of these were duplicates (due to being submitted to more than one UoA). Our final database therefore comprised 543 unique articles.

The authors categorised each article (independently, then though joint agreement) according to its methodological approach as follows:

A. qualitative methods: research conducted using only qualitative methods
B. methodology: articles about how to do qualitative research, with the focus on methodology rather than findings
C. mixed methods: including both quantitative and qualitative
D. review or synthesis: which explicitly includes qualitative research articles

Results

Table 1 illustrates the wide range of journals publishing good quality qualitative health research, and show that REF submissions included similar proportions of articles across social science health journals and other high impact health/medical journals. A high proportion of qualitative health articles submitted to REF 2014 were also published in nursing journals. Journals targeted at other specialist audiences and topics such as midwifery, cancer, health sociology and social care published fewer qualitative articles that were submitted to REF 2014.

Table 1 here

Looking at publication title by UoA allows us to see further patterns (Table 2). UoA1 (Medicine) included only 2% (n=12) of the REF qualitative health articles, in comparison with UoA22 (Social Policy) with 14% (n=81), UoA2 (Primary Care) with 22% (n=122) and the highest proportion of 62% (n=352) in UoA3 (AHPs).

UoA2 (Primary Care) includes the greatest proportion of articles published in both the BMJ (Impact factor 19.967) and Social Science and Medicine (Impact factor 2.814), while UoA3 (AHPs) includes the largest proportion of articles published in Qualitative Health Research (Impact factor 1.403) and the Journal of Advanced Nursing (Impact factor 1.917) as well as being the sole UoA to receive submitted articles published in the International Journal of Nursing Studies (Impact factor 3.561).

Looking at the UoA that represents our own research setting (Primary Care UoA2), other prominent publication outlets were the British Journal of General Practice (Impact factor 2.741), PLoS ONE (Impact factor 3.54) and Health Technology Assessment (Impact factor 4.056).

Table 2 here

Consideration of articles submitted to REF 2014 according to their methodological approach (Table 3) reveals that the majority (412; 76%) were articles using only qualitative methods, 70 (13%) were reviews or syntheses that explicitly included qualitative research articles, 34 (6%) included both qualitative and quantitative methods, while 27 (5%) focused on qualitative methodology rather than findings. The greatest proportion of articles submitted to REF 2014 that adopted only qualitative methods (22; 5.34%) or focused on qualitative methodology (6; 22%) were published in Qualitative Health Research, while the greatest proportion of mixed methods articles were published in the BMJ (3; 9%) and the greatest proportion of reviews/syntheses were published in the International Journal of Nursing Studies (4; 6%) (Table 3).

Table 3 here

In line with the overall figures for qualitative health submissions (Table 3), the majority of publications submitted in the Primary Care UoA were reporting research conducted using solely qualitative methods (Table 4). However, 34% of the submissions in this UoA adopted other approaches, notably reviews/syntheses and mixed methods research.

Table 4 here

Discussion and implications

The overall conclusion from our brief exploration of where high quality qualitative health research is published is that general medical or health journals with high impact factors are the dominant routes of publication, but that there is variation according to the methodological approach adopted by articles. The number of qualitative health articles submitted to REF 2014 overall is small, and even more so for articles based on mixed methods research, qualitative methodology, or reviews/syntheses that included qualitative articles. There is also great disparity between the proportions of qualitative health publications submitted to REF 2014 in each of the four UoAs, despite each covering a broad range of topics and issues amenable to research using qualitative methods.

Within the Primary Care UoA that represents our own research setting, and comprises 22% of the qualitative health research submitted to REF 2014, over 30% of submissions were published in one of three journals (BMJ; Social Science & Medicine; British Journal of General Practice). Encouragingly, over a third of the qualitative health submissions to the Primary Care UoA were publications of reviews/syntheses, mixed methods research or articles about qualitative methodology. However, there was a general paucity of research using mixed methods or focusing on qualitative methodology or reviews/syntheses of qualitative

papers across the four UoAs. We would argue that these areas are as important as 'standard' research using qualitative methods. First, there are many examples of the benefits of mixed methods research in gaining a fuller understanding of a phenomenon (see, for example, Yardley and Bishop, 2015), and in helping "to characterise complex healthcare systems, identify the mechanisms of complex problems […] and understand aspects of human interaction such as communication, behaviour and team performance." (Hansen et al, 2016). Second, publications that focus on qualitative methodology are important in advancing the field, taking advantage of new areas, and encouraging the conduct of high quality research. Third, it has been suggested that metasyntheses of qualitative evidence might give qualitative research a stronger role in decision making (Gagliardi and Dobrow, 2011), uncover new understandings and be useful for practitioners (Seers, 2015).

There are, of course limitations to our findings and interpretations. We have taken submission to REF as a proxy for quality, whereas publications may be submitted (or not) to REF for reasons other than quality alone. It is also not possible to know how individual publications were rated in REF 2014, only how an overall submission was judged.

If REF 2014 is indeed a true reflection of the high quality qualitative health research being conducted by UK universities, then this indicates either that other types of qualitative research (methodological, mixed methods research and reviews/syntheses) are not frequently taking place, or that this research is not considered to be of sufficient quality to be submitted to REF. A similar line of reasoning can, of course, be taken regarding the specific journals that feature in REF submissions.

The data in this short report provide an insight into the publication patterns for high quality qualitative health research submitted to REF 2014. However, the report also raises more questions than it is able to answer for those involved in health research:

1. If the value of qualitative (and mixed methods) research is increasingly recognised, why was there a low number of qualitative health articles submitted to REF 2014 overall, and, in particular, why was there a lower representation of articles reporting mixed methods, qualitative methodological research or reviews/syntheses?
2. Does the balance in REF 2014 between qualitative health research published in high impact general medical journals and that published in more specialist journals reflect the broader picture of where high quality qualitative health research is published *per se*, or is there high quality research published in less prominent, specialist, journals that is consequently perceived as less suitable for submission to REF?
3. Why is there such a disparity between the proportions of qualitative health research submitted to each of the four health-related UoAs?

Of course, patterns of publication change over time with changes to journal policies (for example, the BMJ) and the emergence of new journals (for example, the

launches of PLoS ONE[2] in 2006 and BMJ Open in 2011). The next REF exercise may see changes to the patterns we have identified and reflect the whole range of good quality research that seeks to understand the complex nature of illness and health care.

[2] PloS One is the world's largest journal by number of papers published (about 30,000 a year, or 85 papers per day) (Wikipedia).

Acknowledgements: We would like to thank Rebecca Whittle for help with analysis of the database.

Funding: This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Conflict(s) of Interest: None.

References

Casebeer, A.L. and Verhoef, M.J. (1997) Combining Qualitative and Quantitative Research Methods: Considering the Possibilities for Enhancing the Study of Chronic Diseases. *Chronic Diseases in Canada* 18 (3).

Gagliardi, A.R. and Dobrow, M.J. (2011) Paucity of qualitative research in general medical and health services and policy research journals: analysis of publication rates. *BMC Health Services Research* 11:268.

Godfrey, M. (2015) Qualitative research in age and ageing: enhancing understanding of ageing, health and illness. *Age and Ageing* 44 (5): 726-727.

Greenhalgh, T. et al (2016) An open letter to *The BMJ* editors on qualitative research. *BMJ* 2016;352: i563

Hansen, M., O'Brien, K., Meckler G., Chang, A.M. and Guise, J-M. (2016) Understanding the value of mixed methods research: the Children's Safety Initiative-Emergency Medical Services. BMJ Emergency Medicine 33 (7)

Loder, E., Groves, T., Schroter, S., Merino, J.G. and Weber, W. (2016) Qualitative research and *The BMJ. BMJ* 352: i641

PLoS Medicine Editors (2007) Qualitative Research: Understanding Patients' Needs and Experiences. *PLoS Medicine* 4(8): e258

Seers, K. (2015) Qualitative systematic reviews: their importance for our understanding of research relevant to pain British Journal of Pain 9(1): 36–40

Yardley, L. and Bishop, F.L. (2015) Using mixed methods in health research: Benefits and challenges. British Journal of Health Psychology 20(1): 1-4

Short report: Where does good quality qualitative health care research get published?

Table 1: Journals with 6 or more[3] qualitative health research articles entered in REF 2014

Journal Title	Unique articles n (%)
Qualitative Health Research	30 (5.52)
BMJ	26 (4.79)
Social Science & Medicine	24 (4.42)
International Journal of Nursing Studies	21 (3.87)
Journal of Advanced Nursing	21 (3.87)
BMJ Open	13 (2.39)
British Journal of General Practice	13 (2.39)
Palliative Medicine	12 (2.21)
Health Expectations	9 (1.66)
Journal of Clinical Nursing	9 (1.66)
Patient Education and Counseling	9 (1.66)
BMC Public Health	8 (1.47)
Health & Social Care in the Community	8 (1.47)
Sociology of Health & Illness	8 (1.47)
PLoS ONE	7 (1.29)
Psycho-Oncology	7 (1.29)
BMC Health Services Research	6 (1.1)
European Journal of Cancer Care	6 (1.1)
Health	6 (1.1)
Health Technology Assessment	6 (1.1)
Midwifery	6 (1.1)
Supportive Care in Cancer	6 (1.1)

[3] All tables show journals with 6 or more articles submitted to REF. 184 journals included 5 or fewer articles that were submitted to REF 2014: 6 journals included 5 articles; 6 included 4 articles; 14 included 3 articles; 28 included 2 articles; 130 included 1 article.

Table 2: REF 2014 qualitative health submissions according to UoA and publication journal

	Unit of assessment				
Journal	**1 (Medicine)** n (% within UoA)	**2 (Primary Care)** n (% within UoA)	**3 (AHPs)** n (% within UoA)	**22 (Social Policy)** n (% within UoA)	**Total**
BMJ	6 (50%)	18 (14.75%)	4 (1.14%)	4 (4.94%)	**32**
Qualitative Health Research	0 (0)	4 (3.28%)	25 (7.1%)	1 (1.23%)	**30**
Social Science & Medicine	0 (0)	13 (10.66%)	9 (2.56%)	5 (6.17%)	**27**
International Journal of Nursing Studies	0 (0)	0 (0)	22 (6.25%)	0 (0)	**22**
Journal of Advanced Nursing	0 (0)	2 (1.64%)	17 (4.83%)	3 (3.7%)	**22**
BMJ Open	1 (8.33%)	3 (2.46%)	9 (2.56%)	1 (1.23%)	**14**
British Journal of General Practice	0 (0)	8 (6.56%)	4 (1.14%)	1 (1.23%)	**13**
Palliative Medicine	0 (0)	0 (0)	12 (3.41%)	0 (0)	**12**
Health Expectations	0 (0)	1 (0.82%)	7 (1.99%)	1 (1.23%)	**9**
Health Technology Assessment	1 (8.33%)	4 (3.28%)	4 (1.14%)	0 (0)	**9**
Journal of Clinical Nursing	0 (0)	0 (0)	8 (2.27%)	1 (1.23%)	**9**
Patient Education and Counseling	0 (0)	3 (2.46%)	5 (1.42%)	1 (1.23%)	**9**
BMC Public Health	0 (0)	2 (1.64%)	4 (1.14%)	2 (2.47%)	**8**
Health & Social Care in the Community	0 (0)	0 (0)	2 (0.57%)	6 (7.41%)	**8**
PLoS ONE	0 (0)	5 (4.1%)	3 (0.85%)	0 (0)	**8**
Sociology of Health & Illness	0 (0)	2 (1.64%)	4 (1.14%)	2 (2.47%)	**8**
Psycho-Oncology	0 (0)	0 (0)	7 (1.99%)	0 (0)	**7**
Totals	**12 (100%)**	**122 (100%)**	**352 (100%)**	**81 (100%)**	

Figures in brackets show the percentage within each UOA represented by that number of articles

Totals do not add up as the table does not show every journal

Table 3: Journals with 6 or more qualitative health research articles entered in REF 2014 categorised by methodological approach

	Methodological approach				
Journal n (% within each journal)	**Qualitative methods**	**Methodology**	**Mixed methods**	**Review/ synthesis**	**Total**
Qualitative Health Research	22 (73.33)	6 (20)	0 (0)	2 (6.67)	**30 (100)**
BMJ	21 (80.77)	1 (3.85)	3 (11.54)	1 (3.85)	**26 (100)**
Social Science & Medicine	21 (87.5)	0 (0)	1 (4.17)	2 (8.33)	**24 (100)**
International Journal of Nursing Studies	16 (76.19)	0 (0)	1 (4.76)	4 (19.05)	**21 (100)**
Journal of Advanced Nursing	17 (80.95)	0 (0)	1 (4.76)	3 (14.29)	**21 (100)**
BMJ Open	12 (92.31)	0 (0)	0 (0)	1 (7.69)	**13 (100)**
British Journal of General Practice	11 (84.62)	0 (0)	1 (7.69)	1 (7.69)	**13 (100)**
Palliative Medicine	10 (83.33)	1 (8.33)	0 (0)	1 (8.33)	**12 (100)**
Health Expectations	7 (77.78)	0 (0)	0 (0)	2 (22.22)	**9 (100)**
Journal of Clinical Nursing	7 (77.78)	1 (11.11)	0 (0)	1 (11.11)	**9 (100)**
Patient Education and Counseling	7 (77.78)	0 (0)	0 (0)	2 (22.22)	**9 (100)**
BMC Public Health	5 (62.5)	0 (0)	1 (12.5)	2 (25)	**8 (100)**
Health & Social Care in the Community	5 (62.5)	0 (0)	0 (0)	3 (37.5)	**8 (100)**
Sociology of Health & Illness	7 (87.5)	1 (12.5)	0 (0)	0 (0)	**8 (100)**
PLoS ONE	6 (85.71)	1 (14.29)	0 (0)	0 (0)	**7 (100)**
Psycho-Oncology	5 (71.43)	0 (0)	0 (0)	2 (28.57)	**7 (100)**
BMC Health Services Research	5 (83.33)	0 (0)	1 (16.67)	0 (0)	**6 (100)**
European Journal of Cancer Care	3 (50)	0 (0)	1 (16.67)	2 (33.33)	**6 (100)**

Health	4 (66.67)	0 (0)	1 (16.67)	1 (16.67)	**6 (100)**
Health Technology Assessment	2 (33.33)	0 (0)	2 (33.33)	2 (33.33)	**6 (100)**
Midwifery	4 (66.67)	1 (16.67)	0 (0)	1 (16.67)	**6 (100)**
Supportive Care in Cancer	6 (100)	0 (0)	0 (0)	0 (0)	**6 (100)**

Figures in brackets show the percentages within each journal of each methodological category

Table 4: Publications submitted to REF 2014 categorised according to UoA and methodological approach

	Unit of Assessment				
Methodological Approach	**1 (Medicine)** N (% within UoA)	**2 (Primary Care)** n (% within UoA)	**3 (AHPs)** n (% within UoA)	**22 (Social Policy)** n (% within UoA)	**Total**
Qualitative methods	10 (83.33)	81 (66.39)	267 (75.85)	71 (87.65)	**429 (75.66)**
Methodology	1 (8.33)	5 (4.1)	17 (4.83)	4 (4.94)	**27 (4.76)**
Mixed methods	1 (8.33)	15 (12.3)	20 (5.68)	2 (2.47)	**38 (6.7)**
Review/synthesis	0 (0)	21 (17.21)	48 (13.64)	4 (4.94)	**73 (12.87)**
Total	**12 (100)**	**122 (100)**	**352 (100)**	**81 (100)**	**567 (100)**

Figures in brackets show the percentages in each UoA of each methodological category.